

**ROOFING AND SIDING PERMIT APPLICATION**☐ RESIDENTIAL☐ COMMERCIAL

Date: _____

Permit No.: _____ Receipt No.: _____ Check No.: _____

Job Location Address: _____

Owner's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Fax: _____

Contractor: _____ License No.: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Fax: _____

Plumber: _____ License No.: _____

Architect: _____ License No.: _____

Engineer: _____ License No.: _____

Is this a change of use? ☐ Yes ☐ No Type of Constr.: _____ Use Group: _____**Describe the work to be performed:****Roofing information**

Square ft of roof _____ Ice/Water _____ Underlayment type _____

Type of roofing _____ Lay over _____ Rip _____

Plywood replaced/repaired _____ Roof ventilation type: _____

Project cost _____

Siding information

of Squares _____ Wall insulation _____ Air infiltration barrier _____

Type of siding _____ Removing existing siding _____

Project cost _____

PLEASE SIGN NEXT PAGE IN TWO PLACES

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owners Name (print): _____

Owners Signature: _____

Date: _____

Authorized Agent (print): _____

Authorized Agent Signature: _____

I have received a copy of Public Act No. 12-184 concerning smoke and carbon monoxide detectors.

Signature: _____ Date: _____

Required before a permit is issued:

☐ Copy of License

☐ Workman's Compensation

☐ Zoning (where required)

☐ Mechanical cards (where required)

BUILDING DEPARTMENT USE ONLY

Department

Planning / Zoning / Inlands Wetlands : _____

Health Department : _____

WPCA : _____

Fire Marshal : _____

Engineering : _____

Tax Collector : _____

Engineering : _____

Date: _____

Estimated Cost: \$ _____

State Education Fee: \$ _____

Permit Fee: \$ _____

Inspection Fee: \$ _____

Plan Review \$ _____

Cert. of Occupancy: \$ _____

Total: \$ _____

Borough of Naugatuck
Office of the Tax Collector
229 Church Street
Naugatuck, CT. 06770
Phone (203) 720-7051
Fax (203) 720-7041

From: Jim Goggin
Tax Collector

Date: _____

Subject: Permit Approval's

Borough of Naugatuck taxes are current for all Naugatuck properties owned by the following applicant and property owner.

Property Owner: _____

Property Owner's Address: _____

Applicant: _____

Applicant's Address: _____

Jim Goggin
Tax Collector

Date: _____